



Discovery Registration Form

6498 Dry Hollow Rd - Salem, VA 24153

Payment Phone: (540) 387-6078 ext 0 Office Phone: (540) 387-6114 Fax: (540) 387-6043

Please return all forms to the address above to register your camper, regardless of payments made over the phone. Mail deposits or balance payments to the same address or pay by credit card by calling our payment office at (540) 387-6078 ext 0.

I wish to enroll for (please check)

	By April 1 st	After April 1 st
<input type="checkbox"/> Discovery: 6/19/06 - 6/23/06.....	\$105.00	\$130.00
<input type="checkbox"/> Discovery: 6/26/06 - 6/30/06.....	\$105.00	\$130.00
<input type="checkbox"/> Discovery: 7/05/06 - 7/07/06.....	\$ 65.00	\$ 90.00
<input type="checkbox"/> Discovery: 7/17/06 - 7/21/06.....	\$105.00	\$130.00
<input type="checkbox"/> Discovery: 7/31/06 - 8/04/06.....	\$105.00	\$130.00
<input type="checkbox"/> Discovery: 8/14/06 - 8/18/06.....	\$105.00	\$130.00

Camper Information

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

This will be camper's _____ year at Camp Roanoke.

T-shirt size (circle one): Youth S Youth M Youth L Adult S Adult M Adult L

How did you hear about Camp Roanoke? (circle one) Returning camper Internet Brochure Camp Fair

Referred by camper Other: _____

Parent Information

Parent(s) or Guardian(s) Name(s): _____
(Please list your first and last names and how you wish to be addressed: Mr./Mrs. Dr./Ms. Etc)

Father's Occupation: _____ Business Phone (____) _____

Cell Phone (____) _____

Mother's Occupation: _____ Business Phone (____) _____

Cell Phone (____) _____

Email Address: _____ Fax Number: (____) _____

Emergency Contact: (Person to contact if neither parent or guardian can be reached in the event of an emergency)

#1 _____
Name Phone number Relation to Camper

#2 _____
Name Phone number Relation to Camper

Forms to be returned to Camp Roanoke

- | | |
|---|--|
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Health History |
| <input type="checkbox"/> Camper Biography | <input type="checkbox"/> Physical Exam Record/Waiver (all signatures required) |
| <input type="checkbox"/> Important Policies and Information | |
| <input type="checkbox"/> Camper Pickup / Visitation | |

Information to Keep

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Additional Information for Parents to Keep | <input type="checkbox"/> Packing List |
|---|---------------------------------------|



Camper Biography

Camper Name: _____

Age as of June 2006: _____ Grade level just completed: _____

Has the camper had previous day camp experience? _____ Where and When? _____

What are his/her talents or hobbies? _____

List adjectives that describe your child: _____

Check characteristics that apply:

- | | | |
|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Dependable | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Show-off |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Self-reliant | <input type="checkbox"/> Teasing |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Selfish | <input type="checkbox"/> Timid |

Does your child make friends easily? ____ Yes ____ No

My child's attitude in regard to cooperation is:

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
|--|----------------------------------|--|

My child's appreciation of the outdoors and nature is:

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
|--|----------------------------------|--|

How does your child deal with peer relationships, group living, etc.:

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
|--|----------------------------------|--|

Does your child want to come to camp? ____ Yes ____ No Why? _____

Please note any special health problems (including orthodontic attention, bedwetting, etc.): _____

Please provide any information you feel would help us understand and serve the camper better (including physical, emotional, medical, or educational needs or situations.) _____

List any dietary restrictions: _____

Which part of camp is your child looking forward to the most? _____

What would you like for us to help your camper accomplish during their stay at Camp Roanoke?



Important Policies and Information for Parents and Campers

Payment: A 50 % deposit is due within 14 days of registration. The remainder of the balance is due by the start of the session date. Payments are accepted by MasterCard, Visa, Check, Money Order and Cash.

Discounts: A \$25 discount will be given for full payment registrations made on or before April 1st, 2006. If registering by mail, postmark must be April 1st or before to be eligible for the discount.

Waiting Lists: In the event that the camp session you wish to attend is full, you have the option of putting your name on the waiting list. People on the waiting list will be notified in the order information is received, as space becomes available. Once contacted, you have until the close of business the following day (5 PM) to respond. If we do not hear from you, the next person on the list will be contacted. If you are contacted and plan to attend, all payment deadlines that are applicable will apply. If you are contacted after the payment deadline, full payment for the camp session will be expected at that time.

Transfers/Cancellations: If a session of camp is canceled by Camp Roanoke you will be given the option of transferring into another camp session. If transferring is not possible you will receive a full refund. Cancellations made by Camp Roanoke will be made at least two weeks in advance of the camp session. If you need to cancel out of a session for any reason, please call Camp Roanoke at (540)387-6114 first and then follow up your request in writing. See the refund section below for more details. If you need to transfer to another session, we will be glad to accommodate you if space is available. Deposits and all other payments are non-transferable to another camper.

Refund: The Deposit, less a \$50 cancellation fee, and all payments are refundable through June 5, 2006. After June 5, 2006, the full deposit is non-refundable, although the balance of the fee paid is refundable to within 2 weeks of the camper's arrival. Camper tuition is not discounted when campers arrive late or leave early since expenses are contracted for the season and enrollment is limited. There will be no refund for campers leaving during a camp session without written doctors orders verifying injury or illness.

Camper Dismissal: Campers possessing weapons, alcoholic beverages, fire building materials or illegal drugs will be expelled from camp immediately without a refund. Campers who are exceedingly disruptive, destructive or a danger to themselves or others will be expelled without a refund.

Parent's and Camper's Agreement

Safety is paramount at Camp Roanoke. All reasonable precautions and safety procedures will be undertaken. Participants must be aware that there are inherent risks, beyond human control, associated with the types of activities offered. I understand that each individual's behavior and attitude is critical to the success of the camp. Therefore, if in the judgment of the staff, my behavior or attitude endangers the welfare of the group or myself, I will be sent home without refund. I will arrive at Camp Roanoke prepared, both mentally and physically, to display a positive and respectful attitude to my fellow group members, to participate fully in all aspects of the program, and to adhere to Camp Roanoke's rules and policies.

I/We have also read and understand the Camp Roanoke registration information and agree to abide by those policies. **Enclosed is the deposit fee of half of the camp session cost.**

Camper Signature

Date

Parent/Guardian Signature

Date



Camper Pick-Up / Visitation Form

For the protection of your child, we require that the following form be completed and returned with the registration documents. Please list the names of those who are eligible to pick up or visit your child including your names as parents or guardian. These names will be used for camper pick-up / visits and will also be used to verify any claims made by anyone who comes to pick up or visit a camper for any reason through the week. Also, if there is anyone you are concerned may attempt to pick up or visit your child against your will, please list him or her as ineligible below. Camp Roanoke will only release a camper to those listed as eligible, and we will notify the parent or guardian of any attempts made to pick up or visit a camper by anyone listed as ineligible.

Camper's Name: _____

Persons Eligible for Camper Pick-Up and visitation

Name: _____

Name: _____

Name: _____

Persons NOT Eligible for Camper Pick-Up

Name: _____

Name: _____

Name of Parent or Guardian: _____

Signature: _____ Date: _____



Additional Information for Parents

Contacting your Camper

We have found that it is often difficult for some kids to make the adjustment to camp life if they are in contact with home. If you have an emergency, and need to contact your child, choose from one of the following options:

- By Phone: Call the camp office at (540) 387-6114 and leave a message; your child will call you as soon as they are able. Otherwise, campers are not allowed to place or receive telephone calls. However, parents are welcome to speak with their camper's counselor or the director.
- By Email/Fax: Alternatively, you can also email (gmartin@roanokecountyva.gov) or fax (540) 387-6043 the camp manager with your child's name in the subject line. The camper will receive a print out of your message during mail call. However, campers are not able to respond by facsimile or email.

In case of an EMERGENCY

Camp Roanoke: (540) 387-6114

Manager's cell phone: (540) 520-3447

Notification of Illness or Injury

Parents or guardians will always be notified if their camper is injured or ill to the point of impacting their ability to participate in camp activities. Calling the emergency contact person will be in addition to notifying parents if the emergency contact person listed is different than the parent(s) and when the camper requires medical assistance beyond our capabilities. This does not include visits to the Health Care Administrator that do not require missing camp activities.

Camper Drop off and Pick up

Transportation information will be distributed upon camper registration.

What to Bring

Packing list will also be distributed upon camper registration.

Medications

All medications (prescription / over the counter) need to be packaged and labeled in the following manner.

- Place medication (in its original container / packaging) in a zip lock bag. Enclose instructions on how and when to administer. If this is prescription medication, make sure directions from the doctor are enclosed or printed on the container.
- On the top of an index card indicate whether this medication is "as needed" or "daily". We will record when and by whom the medication was administered on this index card and return it to you with any unused medication at the end of camp. Also on this index card please print the child's full name and phone number.
- Be sure to indicate proper storage of the medication (i.e. refrigeration)
- Only send enough medication for the length of the camp.
- For multiple medications: enclose each medication in a separate zip lock bag.



CAMP ROANOKE

ROANOKE COUNTY PARKS, RECREATION & TOURISM - HEALTH HISTORY

NAME _____ TRIP _____
DATE _____ SSN# _____
STREET ADDRESS _____
CITY, STATE, ZIP CODE _____
HOME PHONE # _____ WORK PHONE # _____

WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH HISTORY. THE INFORMATION YOU PROVIDE WILL ASSIST IN THE EVENT OF AN ACCIDENT OR ILLNESS. FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.

MEDICAL HISTORY

Please list all information regarding the following:
Gender: Male _____ Female _____ Age _____ Birthday _____
Blood type _____ Height _____' _____" Weight _____
Are you under treatment for any illness or condition? _____ If yes, please explain _____
Are you currently taking any medication? _____ If so, please name and describe _____
Do you have any allergies to medications? _____ If so, please describe _____
Do you have any allergies? _____ If so please name and describe _____
Are you allergic to bee stings or other insect bites? _____
Are you diabetic? _____ Do you carry insulin? _____ Please explain: _____
Do you have asthma? _____ Do you carry an inhaler? _____ Please explain: _____
Please list the most recent immunizations and date of last tetanus shot. _____
Do you have any past injuries? _____ If so, please name and describe _____
Have you ever had an injury or sickness related to cold or hot weather? _____ If yes, please describe _____
Do you have any history of heart problems? _____ If so, please name and describe _____
Have you ever undergone surgery? _____ If so, please describe the procedure _____
Please list any dietary restrictions _____
Do you wear glasses or contact lenses? _____ List any physical limitations you may have. _____
Can you swim? _____ Level of ability: _____

IN CASE OF EMERGENCY

Contact person name: _____ Relationship: _____
Address: _____
Home phone # (_____) _____ Work phone # (_____) _____
2nd Contact: _____ Relationship: _____
Home phone # (_____) _____ Work phone # (_____) _____
Doctors name: _____ Phone #: _____
Insurance Company Name: _____ Policy #: _____

Please return this signed and dated form with the other registration materials. The completion of this form and the Health History is required for participation at Camp Roanoke.

CAMP ROANOKE

CONFIDENTIAL - CAMPER PHYSICAL EXAM RECORD

In addition to the completed *Health History and Release of Liability* forms for each camper, Camp Roanoke also requires a physical exam by a licensed physician within the last 24 months.

Campers Name: _____

Has your child had a physical in the past 24 months? ___Yes ___No

Date of last physical _____ Physical performed by Dr. _____

Are there any physical conditions requiring restrictions in the camp program? ___Yes ___No

If yes, please describe in detail. _____

Does your child have any current or ongoing treatments or medications that will limit or affect his / her participation in the camps activities? ___Yes ___No If yes, please describe in detail. _____

Doctor's Signature _____ Date _____

Parents/Guardian signature _____ Date _____

WAIVER TO BE SIGNED BY PARTICIPANT AND PARENT IF UNDER 18

I, the undersigned, do hereby agree to participate in or allow the individual named herein to participate in the aforementioned activity. I assume all risks and liability that may arise from my or my child's involvement and participation in this activity. I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. With regard to the activity to which this form applies, nothing shall be construed to grant an expressed or implied warranty of safety. I further understand that Roanoke County and its officers, agents, and volunteers are not liable for any injury that may result from the negligence of persons conducting this program. Roanoke County recommends that participants secure adequate medical insurance to cover any injury that may arise from participation in Roanoke County's recreation programs.

Participant's Signature _____ Date _____
(The above signature is required regardless of age)

Parent's Signature _____ Date _____
(If the participant is younger than 18 years of age)

PERMISSION TO TREAT AND TRANSPORTATION AUTHORIZATION

I hereby give permission to the camp to provide routine health care, over the counter medications, administer prescribed medications and seek emergency medical treatment including the ordering of x-rays or routine tests. I give permission to the camp to arrange necessary medical related transportation for my child. Examples of over the counter medications used, but not limited to:

Benadryl	anti-diarrhea	Acetaminophen	Sting-Eze
Neosporin	cold compress	Betadine	Iodine

Please list any medicine that may **NOT** be given.

Parent / Guardian Signature _____ Date _____

PERMISSION TO USE NAME OR PICTURE

In accordance with section 8.01-40 of the Code of Virginia, I hereby give permission to be photographed during this activity, and I give the department permission to use or distribute such photographs and identification.